FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

OTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30, 2008
Estimated average burden

hours per response...... 16.00

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	PROCESSE
SchoolHeart, Inc. Common Stock Offering	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULQED 1 1.2007
Type of Filing: New Filing Amendment	SEP 1 1 200/
A. BASIC IDENTIFICATION DATA	THOMSON
Enter the information requested about the issuer	(FINANCIAL
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
SchoolHeart, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
2400 E. Millbrook Road, Raleigh, NC 27604	505-699-5229
Address of Principal Business Offices (Number and Street, City, State, Zip Code)	Telepho
(if different from Executive Offices)	I IPPOW GEITH APRIL BRILL BRILL BURNEY
(]
Brief Description of Business	<u>' </u>
Bitel Bestription of Business	
School Fundraising Programs	07075820
	01010020
Type of Business Organization	1 (0)
	lease specify):
business trust limited partnership, to be formed	
7.7.2 2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	
Month Year	
7.7.2 2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	☐
Actual or Estimated Date of Incorporation or Organization: Month Year 0 5 0 9	
Month Year	

SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02) Persons who respond to the collection of information contained in this form are not required to respond 1 of 8 unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner **Kyle Brown** Full Name (Last name first, if individual) c/o SchoolHeart, Inc., 2400 E. Millbrook Road, Raleigh, NC 27604 (Number and Street, City, State, Zip Code) Business or Residence Address Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Sandra Burnett Full Name (Last name first, if individual) c/o SchoolHeart, Inc., 2400 E. Millbrook Road, Raleigh, NC 27604 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director ☐ General and/or Managing Partner Marvin Yakos Full Name (Last name first, if individual) c/o SchoolHeart, Inc., 2400 E. Millbrook Road, Raleigh, NC 27604 Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner Director ☐ General and/or Managing Partner Harley J. Tefertiller Full Name (Last name first, if individual) c/o SchoolHeart, Inc., 2400 E. Millbrook Road, Raleigh, NC 27604 Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Promoter ☐ Beneficial Owner Director General and/or Managing Partner **Steve Sheriff** Full Name (Last name first, if individual) c/o SchoolHeart, Inc., 2400 E. Millbrook Road, Raleigh, NC 27604 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Mark Haskins Full Name (Last name first, if individual) c/o SchoolHeart, Inc., 2400 E. Millbrook Road, Raleigh, NC 27604 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Alec Tefertiller Full Name (Last name first, if individual) c/o SchoolHeart, Inc., 2400 E. Millbrook Road, Raleigh, NC 27604 Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner S. Halle Vakani Full Name (Last name first, if individual) c/o Wyrick Robbins Yates & Ponton LLP, 4101 Lake Boone Trail, Suite 300, Raleigh, NC 27607 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Beneficial Owner Check Box(es) that Apply: Promoter ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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A. BASIC IDENTIFICATION DATA

19759.6-504805 v1

				B. IN	NFORMAT	ION ABOU	UT OFFER	ING				
1. Has the	issuer sold	, or does th	ne issuer in	tend to sel	l, to non-ac	ccredited in	nvestors in	this offerin	ng?		Yes	No ⊠
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?								\$ <u>10,</u>	000.00			
3. Does the offering permit joint ownership of a single unit?								Yes	No □			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
	(Last name	first, if indi	vidual)									
NOT APP Business or		Address (N	umber and	Street, City,	State, Zip (Code)						
	ssociated B											
States in W	hich Person	Listed Has	Solicited o	r Intends to	Solicit Purc	hasers						
(Checl	c "All States	s" or check i	individual S	tates)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*******			••••••	🗀 A	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last nam	e first, if inc	lividual)									
Business	or Residenc	e Address (Number and	l Street, City	y, State, Zip	Code)						
Name of	Associated I	Broker or D	ealer			, .			. , , .			
States in	Which Perso	on Listed Ha	s Solicited	or Intends t	o Solicit Pui	rchasers						
(Che	ck "All Stat	es" or check	individual	States)		****************						All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	e (Last nam	e first, if inc	lividual)		···							
Business	or Residenc	e Address (Number and	Street, City	y, State, Zip	Code)						
Name of	Associated I	Broker or D	ealer			<u> </u>						
States in '	Which Perso	on Listed Ha	s Solicited	or Intends to	o Solicit Pui	chasers						
(Check "All States" or check individual States)												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

¹ C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Type of Security Debt	sold. Enter "0" if the answer	rice of securities included in this offering and the total amount already is "none" or "zero". If the transaction is an exchange offering, check ne columns below the amounts of the securities offered for exchange					
Debt						Α	
Equity	Type of Security			Offering Price			Sold
Convertible Securities (including warrants)						\$	0
Convertible Securities (including warrants)	Equity		\$	1,000,000.00	0	. \$	10,000.00
Partnership Interests		□ Preferred					
Partnership Interests	Convertible Securities (inc	luding warrants)	\$			s	
Other (Specify		- ,				\$	
Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero". Number Investors Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only). Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of Offering Rule 505. Regulation A. Rule 504. Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	Other (Specify)		-		\$	
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero". Number Investors	Total		\$	1,000,000.00)	\$	10,000.00
offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero". Number Investors	Answer als	o in Appendix, Column 3, if filing under ULOE.					
Accredited Investors Dollar Amount Non-accredited Investors 1 \$ 10,000.00 Non-accredited Investors 0 \$ 10,000.00 Non-accredited Investors 0 \$ 5 0 Total (for filings under Rule 504 only) \$ \$ 0 Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Offering	offering and the aggregate dol the number of persons who	lar amounts of their purchases. For offerings under Rule 504, indicate have purchased securities and the aggregate dollar amount of their					
Accredited Investors 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	parenases on the total lines. El	inci o il aliavel is noile di 2010 .					Oollar Amount
Non-accredited Investors	Accredited Investors			1			
Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of Offering Rule 505. Regulation A. Rule 504. Total. S Total. 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				0			
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of Offering Security Sold Se							
securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of Offering Security Sold Rule 505	Answer als	o in Appendix, Column 4, if filing under ULOE.					
Type of Offering Rule 505	securities sold by the issuer, to prior to the first sale of secu	to date, in offerings of the types indicated, in the twelve (12) months					
Rule 505	Type of Offering			• •		D	
Regulation A				Security		\$	Solu
Rule 504	Regulation A						
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	Rule 504						
securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	Total					\$	
	securities in this offering. Exc The information may be given	clude amounts relating solely to organization expenses of the insurer. as subject to future contingencies. If the amount of an expenditure is					
Printing and Engraving Costs S 10,000.00 Legal Fees S 10,000.00 Accounting Fees S Sales Commissions (specify finders' fees separately) S Sales Commissions (specify finders' fees separately)	Transfer Agent's Fees						
Legal Fees. S 10,000.00 Accounting Fees S Sales Commissions (specify finders' fees separately) S Sales Commissions (specify finders' fees separately)					H		
Accounting Fees Separately) Accounting Fees Separately Sales Commissions (specify finders' fees separately) Sales Commissions (specify finders' fees separately)					\mathbb{Z}		10,000 00
Engineering Fees							
Sales Commissions (specify finders' fees separately)					\Box		
Other Expenses (identify) State Filing Fees)	Other Expenses (identify)	State Filing Fees)		************	\boxtimes	\$	\$350.00
Total	Total			*************	\boxtimes	\$	10,350.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering p 1 and total expenses furnished in response to Part C – Qu gross proceeds to the issuer."	uestion 4.a. This difference is the "adjusted				\$	989,650.00
5. Indicate below the amount of the adjusted gross procee for each of the purposes shown. If the amount for any pur- check the box to the left of the estimate. The total of the gross proceeds to the issuer set forth in response to Part 0	arpose is not known, furnish an estimate and he payments listed must equal the adjusted					
Salaries and fees	•		Off Direc	nents to licers, etors, & iliates		Payments to Others \$
Purchase of real estate Purchase, rental or leasing and installation of machine and equipment	ery		\$			<u> </u>
Construction or leasing of plant buildings and facilitie			\$.		\$
Acquisition of other businesses (including the value of offering that may be used in exchange for the assets of issuer pursuant to a merger)	of securities involved in this or securities of another					
			\$			\$
Column Totals			\$	0.00	\boxtimes	\$ 989,650.00
Total Payments Listed (column totals added)				⊠ \$ <u>9</u>	89,65	0.00
	D. FEDERAL SIGNATURE					
The issuer has duly caused this notice to be signed by following signature constitutes an undertaking by the request of its staff, the information furnished by the is	e issuer to furnish to the U.S. Securities	and l	Exch	ange Comn	nissio	n, upon written
Issuer (Print or Type)	Signature		Date	,		
SchoolHeart, Inc.	\sim \sim \sim \sim		Seni	ember 5, 2	007	
	Title of Signer (Print or Type)		<u> </u>			
	Assistant Secretary					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)